PATENT	APPLICATION	CEDIAL	NIO
EMILINI	ALLICATION.	SEKIAL	INU.

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

07/31/2003 AADOFD1 00000060 011425 10629227

01 FC:1001 75 02 FC:1201 8

750.00 DA 84.00 DA

Adjustment date: 11/14/2003 AGDITOM 07/31/2003 AADDF01 00000060 011425 10629227 02 FC:1201 84.00 CR

PTO-1556 (5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number 1062922)

. CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OB	OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		D	- (CO)		RATE	FEE	<u> </u>	RATE	FEE			
FOR		NUMBER F	FILED NUM	MBER EXTRA	BASIC FEE		OR	BASIC FEE	750.00			
TOTAL CHARGEABLE CLAIMS		₩ minus 20= *		ß	X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS			9 minus 3 = *		X42=		OR	X84=				
MULTIPLE DEPENDENT CLAIM PRESENT					+140=		OR	+280=				
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	750			
	CI	LAIMS AS A	MENDED				OTHER					
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=			
AME	Independent	* NTATION OF MI	Minus	*** PENDENT CLAI	= IM	X42=		OR	X84=			
L	THIST PRESE	NIALION UP M	OELIFEE UEF	CIADEINI CLAI	IVI	+140=		OR	+280=			
						TOTAL		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			הטטוו. דבבן			
B		CLAIMS REMAINING		HIGHEST NUMBER			ADDI-			ADDI-		
AMENDMENT B		AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=			
	Independent	* NTATION OF MI	Minus	*** PENDENT CLAI	= M	X42=		OR	X84=			
<u> </u>	101711232	THE PROPERTY OF THE	ULI LL DEF	CITOLINI OLAI		+140=		OR	+280=			
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Column 2)	(Column 3)				,			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	i		
YME.	Independent	*	Minus	***	=	X42=		OR	X84=			
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLA	IM 🔲			OR	_	ļ ———		
.* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+280=			
		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Indonesially is the highest number found in the appropriate box is column 1.										